

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.	20005	4-4-00
O.I.P.E. CLASSIFIER			4/18
FORMALITY REVIEW	1100	68231	4-8-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	4/23/99
2	4/23/99
3	4/23/99
4	4/23/99
5	4/23/99
6	4/23/99
7	4/23/99
8	4/23/99
9	4/23/99
10	4/23/99
11	4/23/99
12	4/23/99
13	4/23/99
14	4/23/99
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16	4/23/99
17	4/23/99
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32	✓ ✓
33	✓ ✓
34	✓ ✓
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43	✓ ✓
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Claim	Date
Final	
Original	
51	4/23/99
52	4/23/99
53	4/23/99
54	4/23/99
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56	4/23/99
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58	4/23/99
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93	4/23/99
94	4/23/99
95	4/23/99
96	4/23/99
97	4/23/99
98	4/23/99
99	4/23/99
100	4/23/99

Claim	Date
Final	
Original	
101	4/23/99
102	4/23/99
103	4/23/99
104	4/23/99
105	4/23/99
106	4/23/99
107	4/23/99
108	4/23/99
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147	4/23/99
148	4/23/99
149	4/23/99
150	4/23/99

If more than 150 claims or 10 actions  
staple additional sheet here

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